

FILED MAR 4 1950  
#38769THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318 1003State File No. 6598  
1585  
Registrar's No.

|   |                                  |  |  |   |  |   |  |
|---|----------------------------------|--|--|---|--|---|--|
| BIRTH NO. _____   |                                  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                                  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY _____ |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>  |                                  | c. LENGTH OF STAY (in this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>                                 |  | 2037  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u>  |                                  |  |  | d. STREET ADDRESS (If rural, give location) <u>3116 Tamm Ave.</u>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>MARY</u>   |                                  | b. (Middle) _____  |  | c. (Last) <u>PELLOUX</u>  |  | 4. DATE (Month) (Day) (Year)<br>OF DEATH <u>February 17th, 1950</u>   |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widow</u>   |  | 8. DATE OF BIRTH<br><u>JAN 28 1865</u>  |  | 9. AGE (in years last birthday) <u>87</u><br>if UNDER 1 YEAR: Months _____ Days _____<br>if UNDER 24 HRS.: Hours _____ Min. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housework</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Germany</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME<br><u>Unknown</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Late Octav Pelloux</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |                                  | 16. SOCIAL SECURITY NO. <u>None</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Al. Gummersbach 3116 Tamm Ave.</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                           |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obstructive jaundice</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION _____  |                                  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |                                  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) _____   |  | (STATE) <u>586X</u>   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |                                  | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? _____  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>12/6/49</u> to <u>2/17/50</u> , that I last saw the deceased alive on <u>2/17/50</u> , 19 <u>50</u> , and that death occurred at <u>7:30am.</u> , from the causes and on the date stated above. |                                  |  |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><u>Allen P. Mager</u>   |                                  |  |  | 23b. ADDRESS<br><u>1515 Lafayette Ave.,</u>   |  | 23c. DATE SIGNED<br><u>2/17/50</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 24b. DATE<br><u>Feb. 20, 1950</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Mo.</u>  |  |
| DATE REC'D BY LOCAL REG.<br><u>FEB 17 1950</u>  |                                  | REGISTRAR'S SIGNATURE<br><u>J. B. Lasater</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Kriegshauser 4228 S. Kingshighway Bl</u>                                       |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

PERMANENT RECORD - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Richard W. Stovesand*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

